

## STAFF

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(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)			LODGING	BREAK- FAST	LUNCH	O.T./LT. N/C, RELO, OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USE	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
12/7	1000	Sac/DC	\$109.90		\$3.73	\$18.00		\$27.00			18	\$9.90		\$168.53
12/8		DC	\$108.20		\$10.00	\$18.00	\$6.00	\$5.25				\$0.00		\$147.45
12/9	2330	DC/Sac		\$6.00	\$6.00		\$6.00	\$19.00		\$18.00	18	\$9.90		\$64.90
												\$0.00		\$0.00
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												\$0.00		\$0.00
<b>SUBTOTALS</b>			\$218.10	\$6.00	\$19.73	\$36.00	\$12.00	\$51.25		\$18.00	\$36	19.8		\$380.88

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL	\$	\$380.88
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Reimagining Service Convener Meeting Prep Session

147) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER  
4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER  
\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_